

CLAIMS ONLY

Application Number

101789042

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
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45		/				
46						
47						
48						
49						
50						
Total Indep	7					
Total Depend	38					
Total Claims	45					

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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99						
100						
Total Indep						
Total Depend						
Total Claims						